



P O Box 146758
Boston, MA 02114-0020

**NOTICE OF DEPARTMENT OF WORKFORCE DEVELOPMENT MEDICAL
SECURITY PROGRAM PRIVACY PRACTICES**

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

By law, the Department of Workforce Development (DWD) Medical Security Program (MSP) must protect the privacy of your personal health information. The DWD retains this type of information because you receive self-insured benefits from the Department of Workforce Development Medical Security Program. Under federal law, your health information (known as "protected health information" or "PHI") includes what health plan you are enrolled in and the type of health plan coverage you have. This notice explains your rights and our legal duties and privacy practices.

The DWD will abide by the terms of this notice. Should our information practices materially change, the DWD reserves the right to change the terms of this notice, and must abide by the terms of the notice currently in effect. Any new notice provisions will affect all protected health information we already maintain, as well as protected health information that we may receive in the future. We will mail revised notices to the address you have supplied, and will post the updated notice on our website at www.detma.org.

Required and Permitted Uses and Disclosures

We use and disclose protected health information ("PHI") in a number of ways to carry out our responsibilities. The following describes the types of uses and disclosures of PHI that federal law requires or permits the DWD to make *without* your authorization:

Payment Activities: The DWD may use and share PHI for plan payment activities, such as paying administrative fees for health care, paying health care claims, and determining eligibility for health benefits.

Health Care Operations: The DWD may use and share PHI to operate its programs that include evaluating the quality of health care services you receive, arranging for legal and auditing services (including fraud and abuse detection); and performing analyses to reduce health care costs and improve plan performance.

Other Permitted Uses and Disclosures: The DWD may use and share PHI as follows:

- to resolve complaints or inquiries made on your behalf (such as appeals);
- to verify agency and plan performance (such as audits);
- to communicate with you about your DWD-sponsored benefits (such as your annual benefits statement);
- for judicial and administrative proceedings (such as in response to a court order);
- for research studies that meet all privacy requirements;
- to tell you about new or changed benefits and services or health care choices.

Required Disclosures: The DWD **must** use and share your PHI when requested by you or someone who has the legal right to act for you (your Personal Representative); when requested by the United States Department of Health and Human Services to make sure your privacy is being protected, and when otherwise required by law.

Organizations that Assist Us: In connection with payment and health care operations, we may share your PHI with our third party “Business Associates” that perform activities on our behalf, for example, our HMO Plan administrator. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked of them. These business associates will be contractually bound to safeguard the privacy of your PHI.

Except as described above, the DWD will not use or disclose your PHI without your written authorization. You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may revoke your authorization so long as you do so in writing; however, the DWD will not be able to get back your health information we have already used or shared based on your permission.

Your Rights

You have the right to:

- Ask to see and get a copy of your PHI that the DWD maintains. *You must ask for this in writing.* Under certain circumstances, we may deny your request. If the DWD did not create the information you seek, we will refer you to the source (e.g., your health plan administrator). The DWD may charge you to cover certain costs, such as copying and postage.
- Ask the DWD to amend your PHI if you believe that it is wrong or incomplete and the DWD agrees. *You must ask for this in writing, along with a reason for your request.* If the DWD denies your request to amend your PHI, you may file a written statement of disagreement to be included with your information for any future disclosures.
- Get a listing of those with whom the DWD shares your PHI. *You must ask for this in writing.* The list will *not* include health information that was: (1) collected prior to April 14, 2003; (2) given to you or your personal representative; (3) disclosed with your specific permission; (4) disclosed to pay for your health care treatment, payment or operations; or (5) part of a limited data set for research;
- Ask the DWD to restrict certain uses and disclosures of your PHI to carry out payment and health care operations. *You must ask for this in writing.* Please note that the DWD will consider the request, but we are not required to agree to it and in certain cases, federal law does not permit a restriction.
- Ask the DWD to communicate with you using reasonable alternative means or at an alternative address, if contacting you at the address we have on file for you could endanger you. *You must tell us in writing that you are in danger, and where to send communications.*
- Receive a separate paper copy of this notice upon request. An electronic version of this notice is on our web site at www.detma.org

If you believe that your privacy rights may have been violated, you have the right to file a complaint with the DWD or the federal government. DWD complaints should be directed to: MSP Privacy Officer, 19 Staniford Street, Fifth Floor, Boston, MA 02114. Filing a complaint or exercising your rights will not affect your DWD benefits. To file a complaint with the federal government, you may contact the United States Secretary of Health and Human Services. To exercise any of the individual rights described in this notice, or if you need help understanding this notice, please call 800-908-8801 or TTY/TDD for the deaf and hard of hearing at 800-522-1254.